

EXHIBIT 9



Genworth Life
 [company addr 1]
 [company addr2]
 [company city, st zip]

Important Change – Decision Required

[mailing name1]
 [mailing name2]
 [address line 1]
 [address line 2]
 [address line 3]
 [address line 4]
 [address line 5]

The premium on your long term care insurance policy is increasing.

You have [3] options:

- 1 Keep your current coverage the same and pay the premium increase
- 2 Review and Adjust your coverage to reduce your premiums
- 3 <If nonfor available> {See Addendum for CNF, OLB, NFO text variations}

Dear [Insured_name1][and [insured name2]],

Thank you for choosing Genworth for your long term care insurance needs. We value your business and are committed to providing quality service and being here when you need us the most.

We are writing to let you know that, as a result of higher than expected aggregate policyholder claims costs, **the premium on your current long term care coverage will increase from [\$99,999.99] to [\$99,999.99] beginning on your next billing anniversary date, [Mmmm dd, yyyy].** [**<if phased>**This increase will take place in a phased manner, over multiple years, as detailed on the enclosed **Coverage Options page.**] Please refer to the following pages for more details and other important information about this increase [**<if future increases planned>** , as well as plans for future increases]. Please note that this increase is not specific to you or to any change in your health, age, or claims history.

We appreciate the financial difficulty premium increases can cause. That is why we are offering coverage adjustment options to help you manage your premium cost while still maintaining important coverage. The enclosed pages outline these options along with your personalized information. There may also be additional options available to reduce your premium.

We encourage you to discuss your options with your financial advisor or a member of our Customer Service Team by calling [999 999.9999] before making a decision. For additional information regarding premium increases, we encourage you to visit [Genworth.com/LTCpremiums].

Once again, thank you for being a Genworth policyholder.

Sincerely,

[Signature name]

[Signature title]

P.S. This premium increase notice is not a bill [**<if not EFT>** - you will be billed separately]. Please take time to read the *Important Information Regarding This Premium Increase* included with this letter.

[enclosure[s]: [enclosure1], [enclosure2]...]

Underwritten by Genworth Life Insurance Company, Lynchburg, VA

Long Term Care Insurance

Premium Increase Notice

[mm/dd/yyyy]

Genworth Life Insurance Company

Insured:

[Insured_name1]

[Insured_name2]

Policy Number:

[policy_number]

Agent:

[servicing agent name]

[servicing agency name]

Customer Service:

[999 999.9999]

[company_hours1]

[company_hours2]

Fax: [company_fax]

[Genworth.com/LTCpremiums]

Addendum

NOTE: gray shading on previous page indicates print in blue font

For point #3 in top right:

[< if CNF > Pay nothing more by electing the Contingent Nonforfeiture Benefit
< or if OLB > Pay nothing more by electing the Optional Limited Benefit
< or if NFO > Pay nothing more by exercising your Non-Forfeiture rider]



Genworth Life
[company address 1]
[company city state zip]

Customer service:
[company_phone]
[company hours2]
[company hours1]
Fax: [company fax]

Coverage Options

Page [1] of [m]

<if values available>

The median monthly cost of care provided in your area:

In Home Care [\$99,999.99] (Based on 44 hours/week)
Assisted Living [\$99,999.99]
Nursing Home [\$99,999.99]
Genworth [20yy] Cost of Care Study

<if not joint>
genworth.com

Register / log-in to view and select
coverage choices online

Policyholder[s]: [insured name1]
[insured name2]
Date: [mm/dd/yyyy]
Policy number: [policy number]
Premium before increase: [\$99,999.99] [annually]

Your options:	1 Keep current coverage	2 Review & Adjust your coverage			
	See addendum for variable text	See addendum for variable text			
		Alternative [A]	Alternative B	Alternative C	
[Monthly] maximum benefit	[\$5,400.00]	[\$5,400.00]	[\$5,400.00]		[\$4,050.00]
Benefit period	[4 years]	[3 years]	[3 years]		[3 Years]
Inflation protection	[Simple 5%]	[Simple 5%]	[Simple 5%]		[Simple 5%]
Elimination period	[100 days]	[100 days]	[100 days]		[100 days]
[Annual] premium [*]	[\$99,999.99]	<input type="checkbox"/> [\$99,999.99]	<input type="checkbox"/> [\$99,999.99]		<input type="checkbox"/> [\$99,999.99]
3 Pay nothing more	See addendum for variable text	<input type="checkbox"/> [\$99,999.99] Paid up policy benefit <input type="checkbox"/> [Contingent Non-Forfeiture]			

<if phased>* IMPORTANT: This policy's premium increase is being phased in over multiple years; the increase schedule is listed on the reverse. The premiums quoted above reflect the final phase of this premium increase. The amount of this phased [annual] premium increase will vary depending on your selection above. Benefit amounts quoted above are current as of [mm/dd/yyyy].

You may have other ways to reduce your benefits than those shown above; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed [endorsement and] Important Information Regarding This Premium Increase. Please read all documents before making a decision. The options shown here are quotes and may change.

You do not need to return this form if you are keeping your current coverage. If changing your coverage to one of the options above, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope by: [mm/dd/yyyy]

Policyholder Signature

Date

<if shared> Policyholder Signature

Date

By signing, you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted above are subject to confirmation and may change, and (4) you have read and understand the information on this form and the enclosed documents, including the Important Information Regarding This Premium Increase. {Note: If phased, premiums quoted on this page are the final phased premiums.}

<if phased premiums>

Coverage Options

Page [2] of [m]

Policyholder[s]: [insured name1]
 [insured name2]
 Date: [mm/dd/yyyy]
 Policy number: [policy number]
 Premium before increase: [\$99,999.99] [annually]

Phased Premiums:

The amount of the phased [annual] increase to your premiums will vary depending on your selection on the first page.

Date of phased increase	Keep current coverage:	Alternative [A]	[Alternative B]	[Alternative C]
[mm/dd/yyyy]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]
[mm/dd/yyyy]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]
[mm/dd/yyyy]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]
...
[mm/dd/yyyy]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]	[\$99,999.99]

Addendum:**Text for #1 "Keep current coverage":**

If you are comfortable with your current level of coverage, pay the increased premium [<not EFT> when you receive your next bill]. If we don't hear from you by [mm/dd/yyyy] [<if phased> the first phase of] this [999.999%] rate increase will take effect.

Text for #2 "Adjust your coverage":

If you are comfortable reducing your benefits, the alternative[s] below [is <or> are] designed to provide different levels of cost and coverage as you evaluate your current needs. There may be other ways that you can reduce your benefits and premiums beyond [that<or>those] listed.

Text for #3 "Pay nothing more":

If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed [<if CNF or OLB> endorsement and] Important Information Regarding This Premium Increase. The benefit value is current as of the date of this notice; a final benefits value will be sent to you following your selection of this option.



Genworth Life
 Administrative Office:
 3100 Albert Lankford Drive
 Lynchburg, VA 24501

Important Information Regarding This Premium Increase from Genworth Life Insurance Company

Page 1 of [m]

About this premium increase

This premium increase is based on our expectation of aggregate future claims by our insureds. All policyholders in your class are receiving this rate increase. It is not due to a change in your individual health, age, claims history, or any other individual characteristic. We are implementing this increase in accordance with the laws and regulations of [issue state name] in which your policy was issued for delivery. States require insurance companies to notify them of a rate increase for long term care policies. Additionally, state regulation requires insurance carriers, like Genworth, to support rate increase requests with actuarial justification. The Premium Increase Notice and, when applicable, the *Coverage Options* page show what your new premium will be if you elect to keep your current coverage. Also shown is the percentage increase for your premium rate, which is a part of your premium. This rate increase percentage may vary slightly from the actual percentage of your premium increase. For additional information regarding premium increases, please go to [Genworth.com/LTCpremiums]. [**<if quote and not joint>** In addition, if you are registered on [genworth.com], you may select one of the coverage options shown in this letter online.]

Policy is Guaranteed Renewable and subject to future premium increases

Your long term care insurance coverage is guaranteed renewable, meaning that we cannot cancel or refuse to continue your coverage because of a change in your individual health or age. As long as you pay the required premium on time and have not used all your benefits, coverage will continue.

Guaranteed renewable does not mean that premiums are guaranteed to remain the same indefinitely. In accordance with the terms of your policy, we reserve the right to change premiums and it is [possible<or>likely] that your premium will increase again in the future.

[**<if future rate increases likely>**For policies subject to this rate increase, we began providing advance notice of the rate increase to policyholders in [MM/YYYY]. Please be aware that, at that time, we planned to request at least [999%] in additional rate increases on your policy and policies like yours in the state where your policy was issued. The actual increases we seek may differ. For example, they may be higher or more numerous than the plans described above and any more recently updated plans. To see if our rate increase plans have changed you may register or log on to your account at [genworth.com] and go to the section entitled 'I want to'.

Planned rate increases will take effect only as permitted by the applicable state insurance department and state law.] Please note, our ability to obtain needed future rate increases is important to Genworth Life Insurance Company's ability to pay future claims. The inability to obtain needed future rate increases may impair our ability to do so.

Benefits

[**<if quote>**The benefit values presented in the accompanying letter are approximate due to rounding.]Covered benefits payable at the time of a claim will be calculated in accordance with your policy. Benefits are payable only when you meet the terms and conditions for receiving benefits under your policy.

Important Information Regarding This Premium Increase

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Considerations related to reducing your benefits

Value of coverage reduction options. All of the options available to you as alternatives to paying the full premium increase may not be of equal value. Some states require policyholders to maintain minimum benefit levels, which may reduce the options available. [**<if Partnership>** If you have a Partnership policy, reducing your coverage may result in a loss of Partnership status, a change in your asset protection type and may reduce your overall protection.]

Benefit period. Your benefit period is the period of time that is used to calculate the lifetime payment maximum. Your coverage is based on this lifetime payment maximum, not a certain period of time. If your daily/monthly benefit amount and/or the benefit period are reduced, the maximum benefits payable under your policy will automatically be reduced because the policy maximum is a function of the daily benefit amount and the benefit period.

Benefit amounts. In addition, other benefit amounts may be reduced. Changes to the daily/monthly maximum benefit and/or benefit increase offer will change the related original amounts and the amount of any benefit increase option increment. If you elect to drop or reduce your benefit increase option (if applicable), you will keep your increased daily/monthly maximum benefit and your premium will be adjusted accordingly. You may also reduce your daily/monthly maximum benefit and your premium will be further adjusted.

Benefits paid or payable. Any benefits paid or payable are deducted from the reduced policy maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Reducing benefits while you are receiving policy benefits is generally not advisable.

Pay nothing more. If you can't pay further premiums you may have the option of stopping further payments and obtaining a benefit for long term care services approximately equal to the amount of premium paid[**<if quote>**, please refer to the *Coverage Options* page for further details].

[**<if limited pay>** **Paid-up feature.** Your policy has a limited number of premium payments required to become paid-up. That means if you pay all required premiums as they become due, this policy will be paid-up and no future premiums will be required including rate increases. Careful consideration should be given before selecting an option that stops further payments. Our customer service representatives would be happy to discuss this option with you.]

<For those with unlimited benefits in states where higher rate increase percentage approved for lifetime vs. limited>**Moving from unlimited lifetime benefits to limited benefits**

The rate increase percentage for policyholders with an unlimited lifetime benefit is higher because expected aggregate claims are disproportionately greater for these policyholders. You can reduce the premium increase by switching to a limited benefit period.

Important Information Regarding This Premium Increase

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<if CNF or OLB, or NFO rider >

Select a Limited Benefit with no further premium requirement

<if OLB>You may elect an Optional Limited Benefit. As a result of this premium increase, we are offering an Optional Limited Benefit. This endorsement allows you to elect a limited paid-up long term care insurance benefit. This benefit is available up to 120 days after the next Billing Anniversary Date on which your rate increase is effective. This benefit provides a paid-up benefit with total coverage equal to the total premium paid, excluding waived premium, less any claims paid. A policy lapse at any time during the 120-day period following the due date of the increased premium will be deemed an election of this benefit.

Please note: This Endorsement could significantly reduce the policy benefits. Please review the Optional Limited Benefit Endorsement for more detailed information prior to making this election.

<OR>

<if NFO Rider on Policy >

You may exercise the Non-Forfeiture Rider. Your policy includes the Non-Forfeiture Rider which you may elect to exercise at any time. This Rider allows you to have a paid-up long term care insurance benefit as described in the Rider.

Please note: This rider could significantly reduce the policy benefit. Please review the Non-Forfeiture Rider in your policy for more detailed information prior to making this election.

<OR>

<if CNF >

You may elect a Contingent Non-Forfeiture Benefit. This rate increase qualifies you to receive a Contingent Non-Forfeiture Benefit. This benefit is available up to 120 days after the next Billing Anniversary Date on which your rate increase is effective. This endorsement allows you to reduce your policy benefits so the required premium payments are not increased and convert your coverage to a paid-up status with a shortened benefit period and reduced benefits plan. A policy lapse at any time during the 120-day period following the due date of the increased premium will be deemed an election of this benefit.

Please note: This Endorsement could significantly reduce the policy benefit. Please review the Contingent Non-Forfeiture Benefit Endorsement for more detailed information prior to making this election.

Waiver of Premium benefit

If you are currently receiving a Waiver of Premium benefit, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided for in your policy. At that time, you may want to call one of our customer service representatives to discuss options to reduce the premium increase by changing your policy benefits.

If your policy does not provide a Waiver of Premium benefit, you will be required to pay the increased premium, even if you are receiving policy benefits. Prior to paying your bill with the increased premium you may want to call one of our customer service representatives to discuss options you may have to reduce your premiums by changing your policy benefits.

Payments by automatic withdrawal/third-party account/online banking

If you are using automatic withdrawals, the new required premium will be automatically deducted from your bank checking account. If you are using a third-party account or online banking to pay your premiums, please be sure to make the proper adjustments and arrangements for paying the new required premium amount.

Time frame to reverse decision

If you opt to reduce your benefits or cancel your coverage, your request to reverse any such decision must be in writing, signed by you, and received by us no more than 60 days after the date of our written confirmation of your reduction/cancellation.

Rate increase history

In accordance with the requirements of [issue state name] where your policy was issued for delivery, we are providing you with the history of previous rate increases that have been implemented on policies that were underwritten by Genworth companies.

About Genworth

Genworth companies began selling long term care insurance in 1974 and have been the largest provider of long term care insurance policies in the United States. It is important to note that Genworth regularly monitors the business performance of these policies and believes that its companies' reserves are adequate and appropriate at this time. As you review your options, you should know that A.M. Best, a global credit rating agency focused on evaluating the claims paying ability of insurance companies, downgraded its rating of Genworth Life Insurance Company's financial strength to C++ in September 2019, indicating A.M. Best's view that Genworth Life Insurance Company has "marginal ability to meet ongoing insurance obligations." To obtain information regarding Genworth company financial strength, please visit [genworth.com].